PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09 804 287

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			(6				ı	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	BLE CLAIMS	(6 minus 20=		• 0			X\$ 9=	1	OR	X\$18=	
 	EPENDENT CL			nus 3 =	٠ ٥			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	1	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								OTHER THAN				
	(Column 1) CLAIMS		(Colur HIGH				SMALI	SMALL	_	OR	SMALL	,
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 29	Minus	<i>g</i>	0	= 9		X\$ 9=		OR	X\$18=	
AME	Ind pendent	NTATION OF MI	Minus ••• ULTIPLE DEPENDENT		CLAIM			X40=		OR	X80=	
			JEIN CE DEI	ENDEN	OCAM			+135=		OR	+270=	
							_	TOTAL Addit. Fee	·	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		ADDIT: I EE			ADDII. 1 EE	
8		CLAIMS REMAINING		HIGH	EST		Г		ADDI-	1		ADDI-
AMENDMENT I		AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
ND	Total	.29	Minus	2	0	= 9		X\$ 9=		OR	X\$18=	16200
AME	Independent	NTATION OF MU	Minus	*** 3	CLAIM	= /		X40=		OR	X8 9 =	84
L	1 11011111202	INTERNATION OF THE	DETIFIE DEF	EIADEIAI	CLAIIVI		'	+135=		OR	+270=	
							_	TOTAL ADDIT, FEE		OR	TOTAL	
		(Column 1)		(Colum	nn 3)	(Column 2)	A	IUUII. FEE E			ADDIT. FEE	
	•	CLAIMS		(Colur HIGH		(Column 3)			4881			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.29	Minus	2	7	=		X\$ 9=		OR	X\$18=	
	Independent	· A	Minus	··· <i>4</i>	-			X40=		OR	X80=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						105		ı			
٠,	f the entry in colum	nn 1 is less than th	e entry in colo	mn 2 vrito	"0" in ~~!	HWU 3	L	+135=		OR	+270=	
** 1	f the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE is	less that	n 20. enter "20."	A	TOTAL DDIT. FEE		or ,	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Best Available Cop

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL E	ENTITY	OR	OTHER SMALL E	
FO	R	NUMBE	R FILED	NUMBER E	XTRA	RAT	Έ	FEE	ſ	RATE	FEE
BASIC FEE					· .			345.00	OR		690.00
TOTAL CLAIMS misus, 20=				07	X\$ 9	9=		OR	X\$18=		
INDEPENDENT CLAIMS pinus 8						X39=			l	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							,- -		OR		
							0=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							AL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LLI	ENTITY	OR	OTHER SMALL E	
AMEMDMENT A		CLAIMS REMAINING AFTER AMENDMENT	And the second s	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	=	X\$ 9	9=		OR	X\$18=	
	Independent		Minus	***	=	X39)=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						—— 0=			+260=	1
							O# OTAL		OR	TOTAL	
	(Column 4) (Column 0) (Column 0)					ADDIT. FEE OR ADDIT. FEE					
ENDMENT B	and the control of th	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	<u> </u>		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT	n version of the contract of t	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ΓΕ	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39)=		OR	X78=	
7	FIRST PRESE	PRESENTATION OF MULTIPLE DEPENDENT CLA		PENDENT CLAIM	· .			<u> </u>			
					•	+13			OR	+260=	
						ADDIT.	FEE.		OR	TOTAL ADDIT FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39			OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		
	If the entry in colu	mn 1 is loss than t	he entry in colu	mn 2 write "0" in co	olumn 3	+13	,		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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